

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018328

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

59

Primary Registration District No.

Registrar's No.

99

FILED JUN 12 1962

1. PLACE OF DEATH

a. COUNTY

Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Harrisonville Mo.Length of stay in lb
3 Wksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Pleasant View Rest HomeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo

b. COUNTY Jackson

c. CITY OR TOWN Greenwood Mo.

Inside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
RR # 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Lula

Middle

Maude

Last

Belcher

4. DATE OF DEATH

Month

Day

Year

6 - 4 - 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9-20-1897

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Buckner Mo.

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Henry Snoddy

13b. MOTHER'S MAIDEN NAME

Mattie Owen

14. NAME OF HUSBAND OR WIFE

Hugh H. Belcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Hugh H Belcher

RR # 1

Greenwood Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive heart failure and pneumonia

INTERVAL BETWEEN ONSET AND DEATH

24 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis and several CVA's

3 years

DUE TO (c)

Probable adenocarcinoma of lung c by metastasis

6 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 4, 1959 to June 4, 1962 and last saw her live on June 5, 1962. Death occurred June 4, 1962 at 4:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond E. Prosser, D.O.

22b. ADDRESS

107 Wyoming Pleasant Hill, Mo.

22c. DATE SIGNED

6-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-6-62

23c. NAME OF CEMETERY OR CREMATORY

Lee's Summit

23d. LOCATION (City, town, or county)

Lee's Summit

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Wallace Funeral Home Pleasant Hill Mo.

25. DATE RECD. BY LOCAL REG.

June 5-1962

26. REGISTRAR'S SIGNATURE

Miss Ray Sebee

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James C Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.